PTC/SB06 (12-01)
Approved for use through 7/31/2006, CMB 0651-0022
and and Tendemark Office 11 th Company (12-01)

Under the Paperwork R	eduction Act of 1995, no	betaous ets teds	ired to respond	o e collection of inf	omnetton unice	a it class	sys e yelld OMB	control number.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTD-875						091841099		
APPUCATION AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY		<b>OR</b>	OTHER THAN OR SMALL ENTITY		
FOR	MUMBER FILED	NUMB	EN EXTILA	RATE (S)	FEE (B)		RATE (S)	FEE (5)
BASIC FEE (37 CFR 1,18(3), (6), or (cf)								490
SEARCH FEE								
EXAMPLATION FEE (37 GFR LING), (IX or (49)	<del>                                     </del>							
TOTAL CLASMS (37 CFR 1.16(8))	/ mines 20			х -		OR.	х •	
INDEPENDENT CLAIMS (97 CFR 1.16(b))	2 minus 3	3 •		x •			x .	
APPLICATION SZZE FEE (37 CFR 1.16(s))  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for armall entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s)(1)(G) and 37 CFR 1,16(s).								
MULTIPLE DEPENDENT	L			L	700A			
* If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL			TOTAL	770
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)				SMALL ENTITY		OR	OR OTHER THAN SMALL ENTITY	
27///6	CLAIMS EMARING AFTER MENOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	ADDI- TIONAL FEE (8)		RATE (5)	ADDI- TIONAL FEE (5)
Total profit in the control of the c	// Minus	20	• /	x •		OR.	x .	
(St. Classified)	Minus	ダス	* /			OR		
Application Size Fe	(37 CFR 1.16(s))		<del>'/-</del> 1			<u>س</u>	<u> </u>	
RRST PRESENTATION OF MULTIPLE DEPENDENT GLAM (37 CFg 1,18(3))						OR		
•				TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
	Column 1)	(Column 2)	(Column 3)		•			
5 10/2/46 M	CLAINS EMAINING AFTER IENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	ADOI- TIONAL FEE (5)		RATE(S)	ADO:- TIONAL FEE (5)
51 (PORUM) (	19 Minus	- 20	•	х -	7	OR	x -	1
Characters .	<sup>*</sup> 名 Minus	- 3	•	x -		OR	х =	7
Application Size Fee (3F CFR 1.18(s))				/-				
PARET PRESENTATION OF MULTIPLE DEPOSIDENT CLASS (37 CFR 1.16(5)						OR		\
-				TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	/
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.  — If the "lightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  — If he "Rightest Number Previously Paid For" Of THIS SPACE is less than 3, enter "3".  The "Rightest Number Previously Paid For" (Total or Independent) is the Number found in the appropriate box in column 1.								

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimished to take 12 chirutes to complete, including gardesing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete this form another suggestions for network which be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SERIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and princi option 2.